

colossus straddling the sciences, on one side, and the broad problems of human welfare on the other. The public health administrator and the laboratory investigator in the medical sciences can meet on the common ground of history and realize the profound unity existing between them. Theirs is the search for truth and its application to human betterment. In such a setting, the ends will always dominate the means, and vision will always transcend technique.

In summary, there is a need in medicine for men of social responsibility who practice their profession with the highest regard for human values. Such men are the humanistic physicians who have brought honor and respect to our profession throughout the ages. Teaching medical history can aid in the training of these men, for medical history represents the humanities as they affect medicine or are affected by it.

#### REFERENCES

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### *Medical History in Medical Education*

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I WISH to thank the Section on Historical and Cultural Medicine for granting me the great honor of inviting me to speak here tonight. I have attended your sessions here as well as the medical history meetings in the Rare Book Room whenever I have been able to steal the time, and have always found them most rewarding. I hope that I will not return evil for good tonight.

I find that the other speakers, Mr. Wright particularly, have brought out many ideas and made suggestions which are similar to mine; I think

this repetition is good, for working independently we seem to have come to the same conclusions concerning the value and importance of the history of medicine.

My interest in the history of medicine began coincidentally with my interest in medicine as a profession, and perhaps the former led to the latter. I consider myself fortunate because I enjoy learning about the past of my profession. If I cannot know Hunter personally, through history I can still appreciate the ferocious energy and inquisitiveness which characterized this Shakespeare of medicine, and thereby gain inspiration and courage for my work of today.

Our knowledge of the past is our only key to what the future may bring, and the reader of medical history is struck by the continuing relationship of medicine to all other aspects of social life, past and present. We turn to the past in order to understand the institutions, practices, and accomplishments of the profession of today and tomorrow, and I believe that the medical student who remains ignorant of historical trends cannot fulfill the awful obligations which are imposed upon the physician of today. Oliver Wendell Holmes, speaking to a graduating class at Bellevue in 1861, urged his listeners to recognize this truth:

"There are, of course, in every calling, those who go about the work of the day before them, doing it according to the rule of their craft, and asking no questions of the past or future, or of the aim and end to which their special labor is contributing. These often consider and call themselves 'practical men.' They pull the oars of society, and have no leisure to watch the currents running this or that way; let theorists and philosophers attend to them. In the meantime, however, these currents are carrying the practical men too, and all their work may be thrown away, and worse than thrown away, if they do not take knowledge of them. . . . It is not only going backward that the plain workman is liable to, if he will not look up and look around; he may go forward to ends he little dreams of. . . . And so, with subtler tools than trowels or axes, the statesman who works in policy without principle, the theologian who works in forms without a soul, the physician who, calling himself a practical man, refuses to recognize the larger laws which govern his changing practice, may all find that they have been building truth into the wall, and hanging humanity upon the cross."

In spite, however, of the seeming necessity to learn the larger laws, there is little interest in medical history, and what interest does exist is

mostly in the diverting aspects of the history of medicine—Hunter inoculating himself with syphilis, and Withering paying an old hag for a brew reputed to cure the dropsy. This interest usually exists without an understanding of why Hunter failed to differentiate syphilis from gonorrhea, and confused research for fifty years; of why Withering was able to isolate digitalis as the active ingredient in that brew and so standardize and employ this highly toxic substance that it became the single greatest drug known to man. It was no accident that Withering accomplished what he did, for he was a man of rare talent and broadness of vision. He was able to develop digitalis first because he did not fear that examining some disreputable preparation would lower his professional dignity. He succeeded because his botanical knowledge enabled him immediately to realize from examining the recipe that only digitalis out of the twenty ingredients could possibly have produced the reputed effect. Incidentally, Withering had an enormous knowledge of botany, and for his work in classifying English flora he was known to European botanists as “The English Linnaeus.” Other men used his drug, and obtaining either no result or frequent and often fatal toxicity, condemned it. But his perseverance enabled him to continue in his studies. He took great pains to obtain a standard product, and knowing the variability of the roots of biennial plants, finally took only the leaves picked when the plant was two-thirds flowered, since the plant was then in its most steady state. To this day, digitalis leaf is gathered in this manner.

Last year, with the encouragement of Dr. Curran and several members of our faculty, a number of our students organized the Medical History Club, hoping to do what we could to foster in our student body an interest in and appreciation of the history of medicine. We have since held a number of meetings, but have yet to develop a really self-sustaining organization, though I have every confidence that we will succeed. We hoped that our sessions would be a forum for studies made by the members, but these initial hopes have not yet materialized and we have had to rely on faculty or outside speakers to provide our programs. Most of these have been not merely good, but excellent. However, when one invites a speaker because a specific date is open, and the choice is dictated by the availability of a limited number of persons, it is most difficult to provide a program with continuity, one which stresses historical concepts and the development of our present medicine.

We have run up against other problems. Our meetings are not over-

whelmingly well attended, the only really good turnout being to a meeting addressed by a popular member of our own faculty. There are a number of reasons for this: Our student body is scattered over most of Brooklyn, meeting times and places are never convenient to all, and some examination is always in the offing. But the major reason for poor attendance is lack of interest.

Usually this lack of interest arises from ignorance of the values of medical history, for generally when I am challenged as to the importance of medical history, I can cite a reference to the past which will illuminate some problem that we have just been discussing. The questioner may agree that the point made is apt, but failing to conclude that the method itself is valuable, he remains Dr. Holmes' practical man. I feel that our club can be a success only when a real interest in medical history already exists, an interest stimulated and directed by a faculty which believes in its value.

Without condemning that old whipping boy, de-humanized technical education, it is true that we have placed our entire reliance on science, which still cannot give all the answers and requires mature judgment to interpret it. Men like Osler and Welch were given classical educations and were men of letters who appreciated the importance of understanding the past. Their students, however, were already breaking away from this pattern, and the third generation is almost completely in the darkness. Classical education had serious limitations, but we can still attempt to restore those of its features which were valuable.

This should be the function of the colleges, but the medical schools have an obligation to the student to introduce him to the study of medical history and give him some understanding of its value. The introduction to medical history must be attractive, for it is but an entry into the subject, and if we hope for continuing interest, it should be more than a mere mechanical chore. Second, it must attempt to integrate various aspects of medicine, technical, social and philosophic, and relate them to each other in their present and in their past. Especially important would be emphasis on the value of the historical method in clinical medicine, as well as in public health where its value is already appreciated.

I would like to propose an attack on this problem which would add little to the course hours of a crowded program, but would produce appreciable results. In order to be successful all the instructors concerned

would have to be capable and enthusiastic; the problem of faculty might well be the biggest stumbling block in implementing the program.

Throughout the first year, a series of introductory lectures could be given every week, or every other week. The lecturer on the history of medicine should have no other academic obligations outside of medical history, and should be well qualified. He need not be a physician, though I think lectures given by a clinician with graduate training in medical history could be made more relevant to clinical medicine than those given by a layman. The lectures should stress the history of ideas, practices, institutions, discoveries, and disease itself, always pointing from the past to the future. About half the time should be devoted to recent and contemporary history and the student should be enabled to understand the origin and development of medical specialties, modern medical education, hospitals, qualifying boards, and the rest of the enormous newly developed arms and agencies of present-day medicine. The student should be shown how practice and practices have been changing, and the pressures producing these changes. There should be recourse to general history, sociology, philosophy and economics to help gain an understanding of cultural and philosophical trends.

An equivalent period of time should be utilized for more personal seminar type sessions of not more than fifteen students each. These groups would further discuss, read and report on the material covered in the lectures. Additional faculty would be required for this work. I think the ideal way to learn medical history is Osler's method—the enthusiasm and example of an older, more experienced man being conveyed to his students through personal contact.

Not enough emphasis has been placed on medical history by the teachers of the clinical courses, and just as important as the lecture and seminar course would be integrating today with yesterday in clinical studies. An insight into the ideas current at the time of a great discovery, or great confusion, such as Koch's mistaken ideas about tuberculin and bovine tuberculosis, could guide the student in understanding current and future developments in medicine, and in finding his way through the forest of seven day wonders which appear each month in the journals. Three books which show this insight in an admirable fashion, impressing upon us the blind spots in our mental vision as well as the often remarkable insight and ability of our predecessors, are Osler's *Principles and Practices of Medicine*, Homan's *Textbook of Surgery*,

and Ryle's *Natural History of Disease*.

Such a program can be carried out only if all who are responsible for it are firm in the realization of its importance, not as a mere delectation but as something vital to the understanding of our beloved medicine. When our physicians have added to their technical knowledge a greater appreciation of the world with which they deal and of their own profession, they will have come close to the ideal of the Great Physician who wrote: "The physician who is at the same time a philosopher is like the gods."

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